

Indiana Corn Marketing Council

attn: Hoosier Farm Bureau Credit Union

P. O. Box 1250

Indianapolis, IN 46206-1250

Phone: (317) 692-7035 Fax: (317) 692-7148

QUARTERLY REPORT AND REMITTANCE

The Indiana Corn Market Development Council (IC 15-4-10) is established for the purpose of providing funding to assist with corn market development, as described in IC 15-4-10-7, for the com producers in the State of Indiana.

Effective September 15, 2001, com producers are able to contribute ½ cent (\$.005) per bushel on com marketed in the State of Indiana to the Indiana Corn Marketing Council.

When purchasing grain, a first purchaser (buyer) shall deduct the contribution, as requested by the producer, from the producer's payment, document the producer's contribution, and submit the contributions collected in the following period and mail by:

OCTOBER 15 for producer contributions collected in July-August-September
JANUARY 15 for producer contributions collected in October-November-December
APRIL 15 for producer contributions collected in January-February-March
JULY 15 for producer contributions collected in April-May-June

Company or Buyer's Name: _____


Address (Street & PO Box): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number (including area code): _____ Fax Number: _____

Federal I.D. number or Social Security Number: _____

Calculation of amount of contribution collected from enrolled producers for:

MONTH	Corn Bushels Purchased	Contribution Rate	DOLLAR AMOUNT OF CONTRIBUTIONS	Contribution TO REMIT TO COUNCIL 
		X \$.005 =	\$	
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Quarterly Totals			\$	
Less First Purchaser handling fee (If remitted by the 15 th of the month following the quarter)		X .03 =	-\$	
Total remittance to the Indiana Corn Marketing Council =			\$	

Please remit a check for the above amount made payable to the Indiana Corn Marketing Council.

Please make a copy of this form for your records and return the original with your check.

How was the contribution collection documented (settlement sheet, check register, journal, etc.)? _____

If this report does not cover all BRANCHES, list the facilities that are NOT included. _____

This report must be completed and returned, even if no grain purchases were made.

I, the undersigned, declare this report has been examined by me and to my best knowledge is true, correct and complete.

Authorized signature: _____ Date: _____

Printed name: _____

FOR OFFICE USE ONLY: Amount _____ Check # _____ Deposit Date _____ Initials _____